

Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Sunt Betty Branson
Carroll's Manor Howard

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

6 May

18

Age

75

Sex

Female

Color or Race

Negro

Birth-place

Md.

Married, Single or Widowed

Single

Occupation

Name of Wife or Husband

Father's Name

Daniel Branson

Father's Birthplace

Md.

Mother's Maiden Name

Marney Branson

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

Tuberculosis

How long

Several years

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

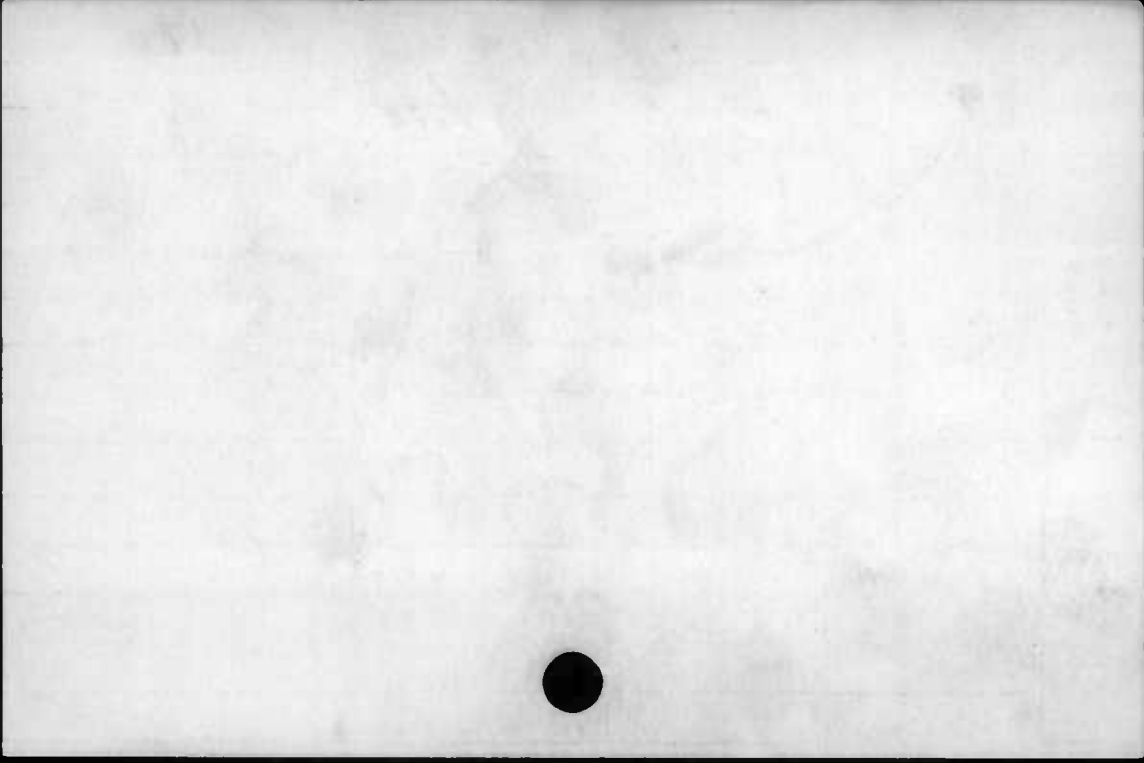
Signature of Physician

N.C. Smith M.D.

Address

Ellicott City.

Accident or Suicide?



Name
in
Full

Frank Brown

CERTIFICATE OF DEATH

Died at <u>Eliook</u> ^{own}		<u>Howard</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	Month <u>May</u>	Day <u>16</u>	Age <u>61</u>	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>Farmer</u>			
Name of Wife or Husband <u>Margret Brown</u>					
Father's Name <u>Elisha Brown</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Elizabth Hands</u>			Mother's Birthplace <u>..</u>		
Name of person giving information <u>Mollie Brown</u>			How related to deceased <u>daughter in law</u>		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	<u>Diabetes</u>	How long	<u>One year</u>
Immediate	<u>Diabetic coma</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, data and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. H. Brown and</u>
		Address	<u>Elliott City Md</u>
Accident or Suicide? <u> </u>			

PHYSICIAN
OR CORONER



Name

in Full

CERTIFICATE OF DEATH

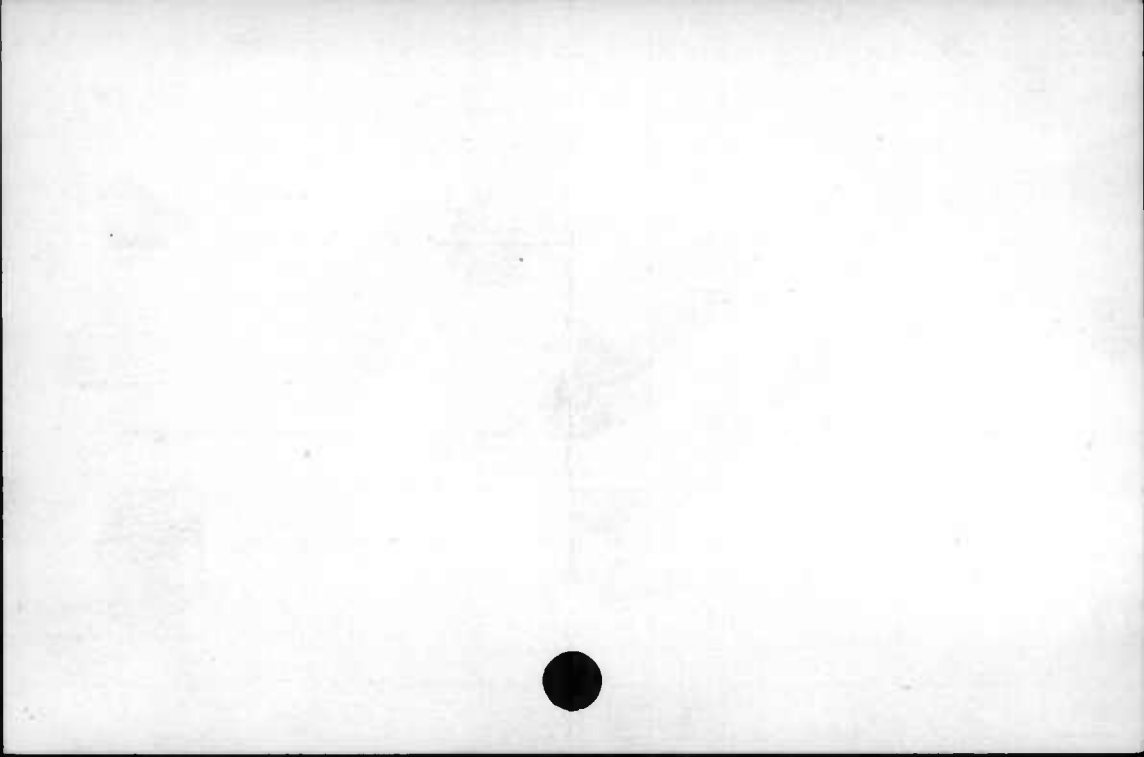
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodstock</u> ^{Town}		County <u>Howard</u>		MARYLAND	
Date of death	1906	Month	May	Day	1
Age		Years		Months	
Sex	male	Color or Race	white	Birth-place	Ind
Occupation			Where Residing if not at place of death	Same	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	Harry Collins			Father's Birthplace	Ind
Mother's Maiden Name	Golden Johnson			Mother's Birthplace	Ind
Name of person giving information	Harry Collins			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>4 days</u>
Immediate	<u>Cardiac asthma</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>A. J. Triple and</u>
		Address	<u>Branch Ind</u>
Accident or Suicide?	<u>—</u>		



Name
in
Full

Amos. Davis

CERTIFICATE OF DEATH

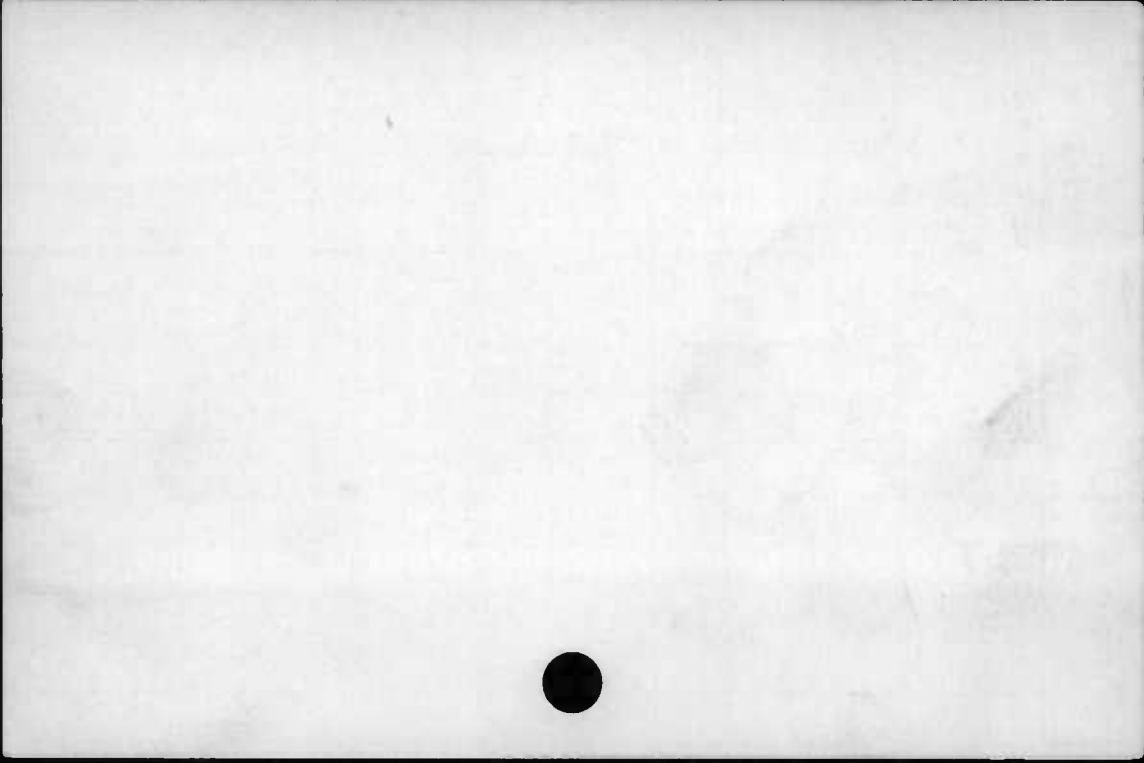
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Jones Town</u> Town		<u>Howard Co</u> County		MARYLAND	
Date of death 190 <u>6</u>	Month <u>May</u>	Day <u>9</u>	Age <u>73</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>Labor</u>			
Name of Wife or Husband					
Father's Name <u>Thomas Davis</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Robert Davis</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Nephritis</u>	How long <u>120</u>	How long <u>15-2 years</u>
Immediate <u>Uremia</u>	How long <u>2 weeks</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. B. Long</u>	
	Address <u>Elliot A. O'Neil</u>	
Accident or Suicide?	<u>No</u>	



Name
in
Full

William Deffy col.

CERTIFICATE OF DEATH

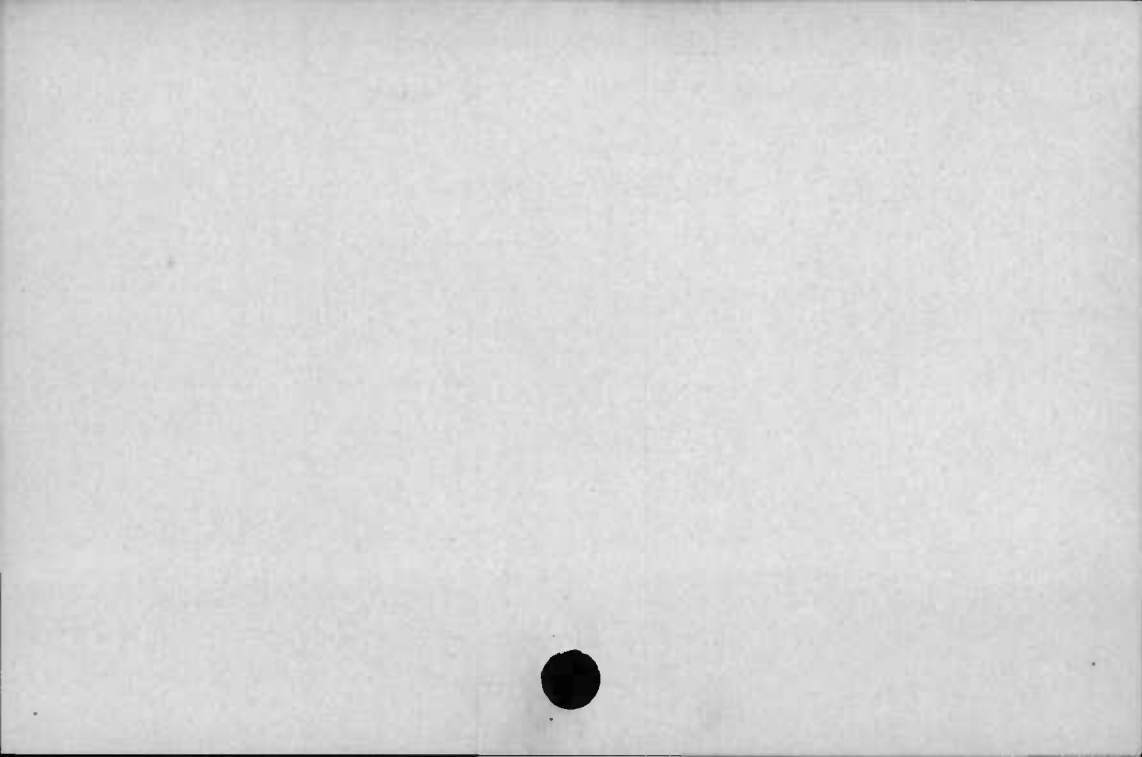
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alberton</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>26</i>	Age <i>40</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>unknown</i>		
Occupation <i>laborer</i>			Where Residing if not at place of death <i>Alberton</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>not known</i>			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Joseph Hunt, Sheriff</i>			How related to deceased <i>not related</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Homicide</i>	How long
Immediate <i>Internal hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Bernard H. Wallenhorst, J.P.</i>
	Address <i>acting coroner Ellicott City Maryland</i>
Accident or Suicide? <i>homicide</i>	



Name in Full		Harold Tilghman Earp				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town ELK Ridge		County Howard		MARYLAND	
	Date of death	1906	Month May	Day 28	Age	Years 9	Months 23
	Sex	male		Color or Race	white		
	Occupation	none		Where Residing if not at place of death	Resided in Elk Ridge		
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Samuel W. Earp				Father's Birthplace	Maryland
	Mother's Maiden Name	Annie O. Tilghman				Mother's Birthplace	Howard Penn
Name of person giving information	C. A. R. Earp				How related to deceased	uncle	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Colitis			(105)	How long	Six days
	Immediate	same				How long	" "
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Arthur Williams	
	Accident or Suicide?		no		Address	ELK Ridge Ind	



Name

In
Full

CERTIFICATE OF DEATH

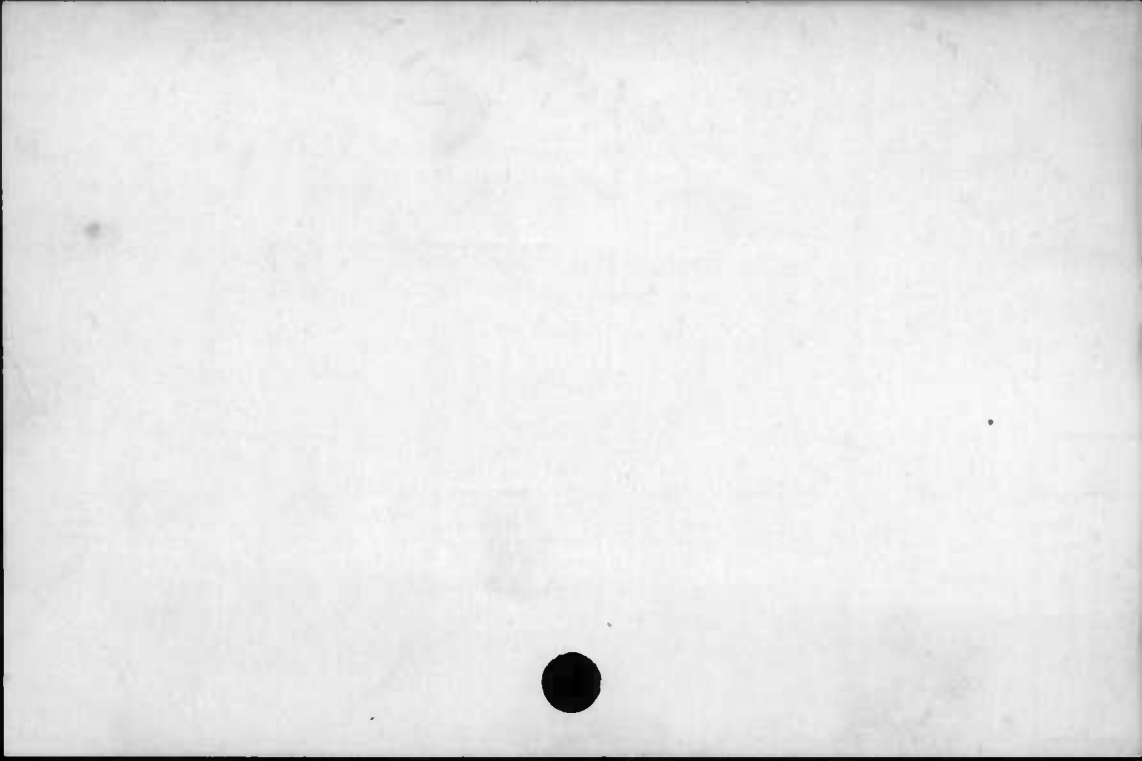
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mount Veiot</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>13</i> ^{Month}	<i>13</i> ^{Day}	Age <i>75</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Color</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ester Gray</i>				
Father's Name <i>Do not know</i>	Father's Birthplace <i>Do not know</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Albert Brown</i>	How related to deceased <i>Grandmother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	<i>154</i>	How long <i>60 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. W. Webb</i>	Address <i>West Friendship Howard Co. Md.</i>
Accident or Suicide?		



Name
in
Full

Ephraim F. Grimes

CERTIFICATE OF DEATH

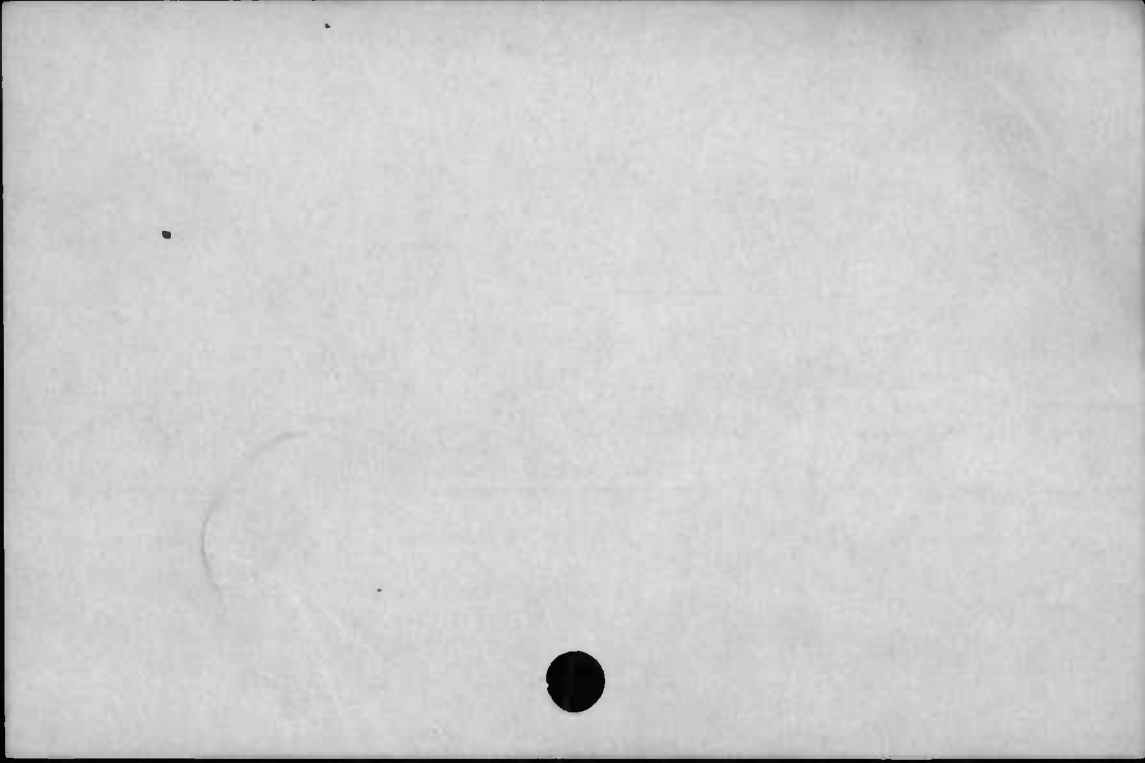
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death	1906	Month <i>May</i>	Day <i>16</i>	Age <i>46</i>	Years	Months —	Days —
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Carpenter</i>			Where Residing if not at place of death —			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Laura M. Day</i>			
Father's Name	<i>Darius S. Grimes</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Alexa A. Davis</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Mary Louise Grimes</i>				How related to deceased	<i>Sister</i>	

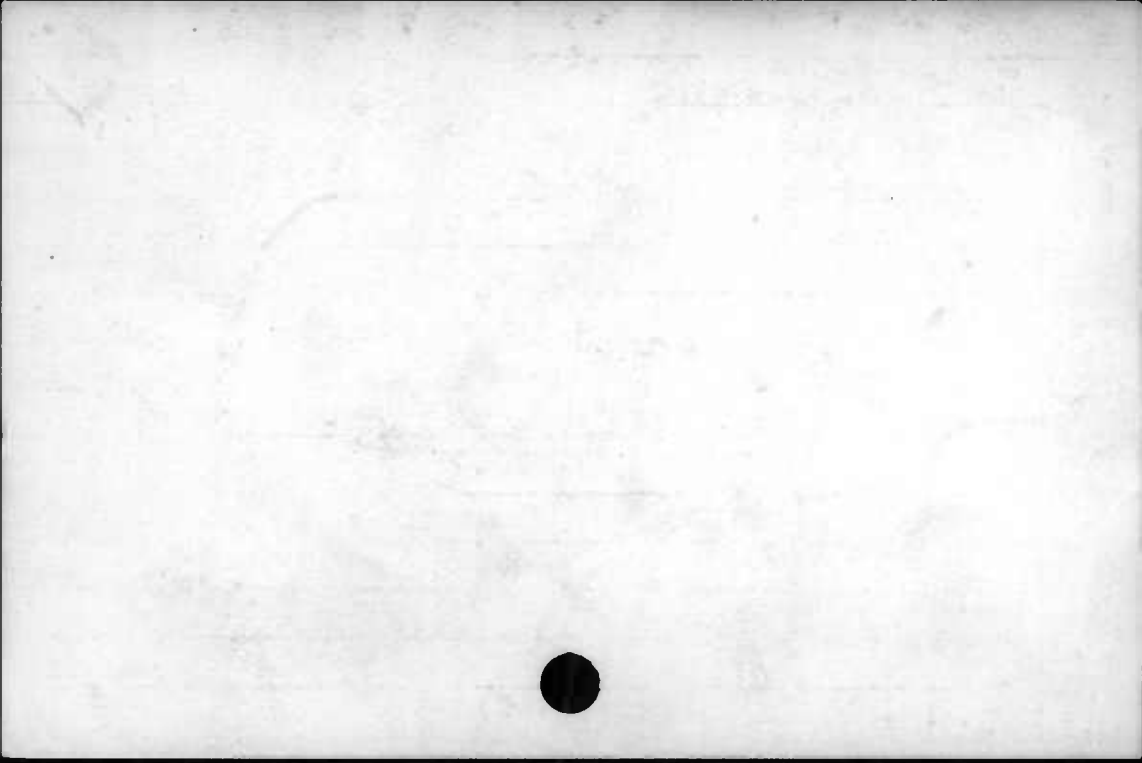
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mitral Stenosis Cardiac Dilatation</i>	How long	<i>Two months to my knowledge</i>
Immediate	<i>Asthma</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>L. E. Owens</i>
		Address	<i>Ellicott City, Md.</i>
Accident or Suicide?		<i>X</i>	



Name in Full		Ida Harder				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Grieford		County Howard	
		Date of death 1906		Month 5	Day 12	Age	Years
		Sex Female		Color or Race Black		Birth-place Md	
		Occupation Housewife		Where Residing if not at place of death Grieford			
		Married, Single or Widowed Married		Name of Wife or Husband Sammi Harder			
Father's Name George Moore		Father's Birthplace Md		Mother's Maiden Name Cassie Thomas		Mother's Birthplace Md	
Name of person giving information Sammie Green		How related to deceased friend					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Septicemia		How long 3 months			
		Immediate Exhaustion		How long progressive			
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. L. Hutchinson MD			
				Address Savage Md			
		Accident or Suicide? no					



Name
in
Full

Nellie Victoria Hudson

CERTIFICATE OF DEATH

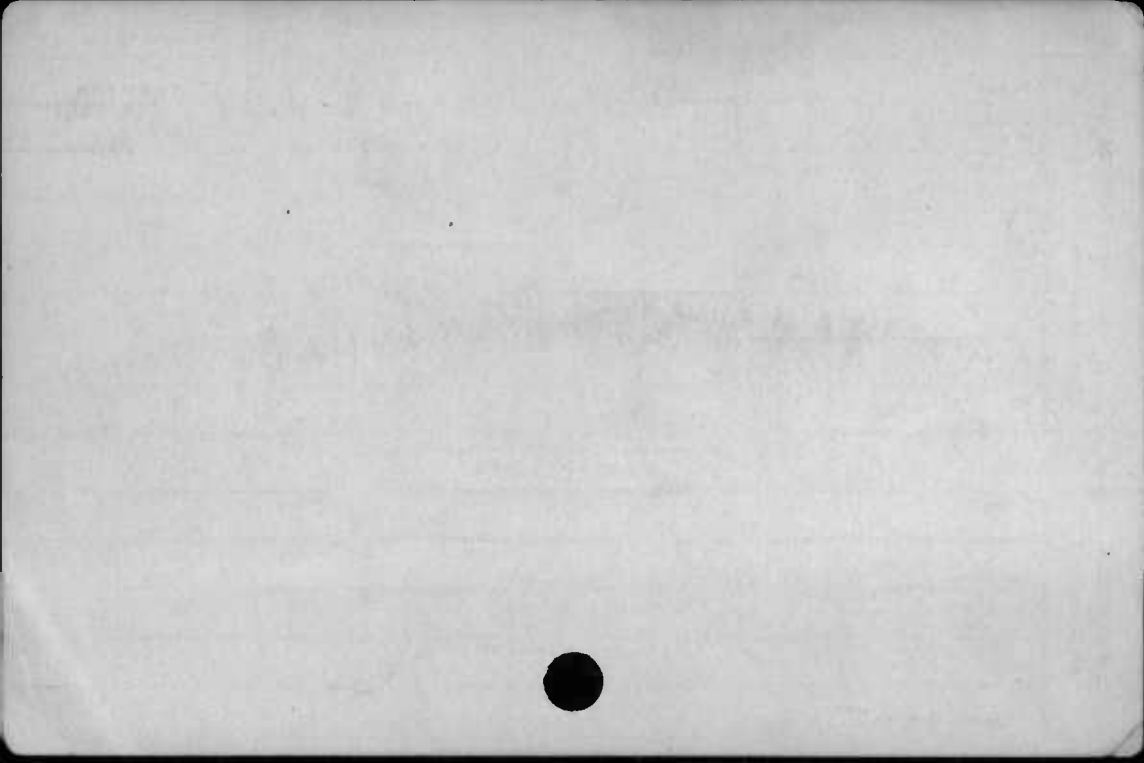
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Friendship</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>7</i>	Age <i>24</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single <i>Married</i>	Name of Wife or Husband <i>James Henry Hudson</i>						
Father's Name <i>Charles S. Wilcox</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Annie E. Reese</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Annie E. Reese</i>	<i>85</i>			How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Secondary Hemorrhage</i>	How long
Immediate <i>Weak Heart</i>	How long <i>4 hours -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Gowsholt Jr</i>
	Address <i>West Friendship</i>
	<i>Howard County Md.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Chas A Machen

CERTIFICATE OF DEATH

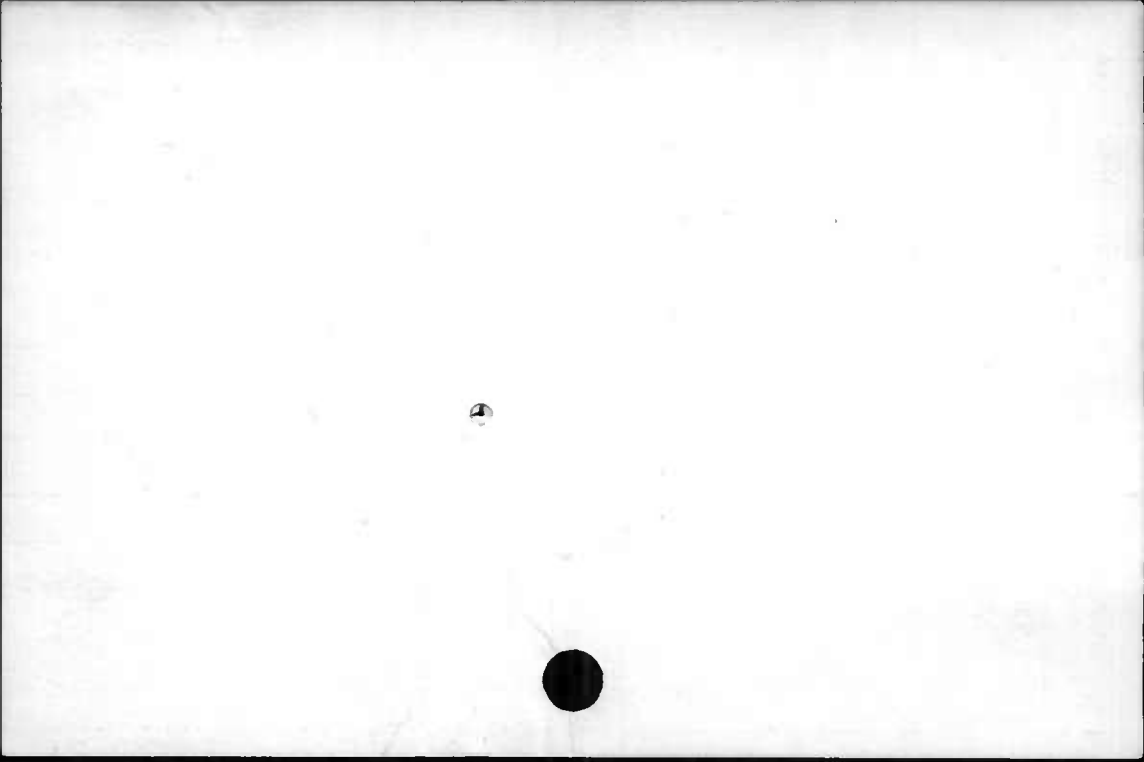
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Honova</i>		County <i>Howard</i>		MARYLAND	
Date of death		1906	Month <i>May</i>	Day <i>1</i>	Age <i>Unknown</i>	Months	Days
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Unknown</i>			
Occupation <i>Engl Agh B.O.R.R.</i>		Where Residing if not at place of death <i>Wilmington Del</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>U</i>		Mother's Birthplace <i>U</i>					
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Killed by R.R. train</i>	How long
Are the name, age, sex, color, data and place correctly given above? <i>as far as known</i>	Signature of Physician <i>Coroner</i>
	Address <i>Harvey Bell</i> <i>Est Ridge Md</i>
Accident or Suicide <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Laura Neal*

Died at *Ellicott City* ^{Town} *Howard* ^{County} **MARYLAND**

Date of death 190*6* ^{Month} *May* ^{Day} *30* ^{Age} *34* ^{Years} *—* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *(Col)* Birthplace *Maryland*

Occupation *House wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of wife or Husband *Jonas. Neal*

Father's Name *Phillip Dorsey* Father's Birthplace *Maryland*

Mother's Maiden Name *not known* Mother's Birthplace *—*

Name of person giving information *Jonas Neal* How related to deceased *Husband.*

CAUSES OF DEATH

(47)

PHYSICIAN
OR CORONER

Primary *cont. articular rheuma* ^{time} *6 days* ^{How long}

Immediate *acute pericarditis* ^{How long} *7 hours*

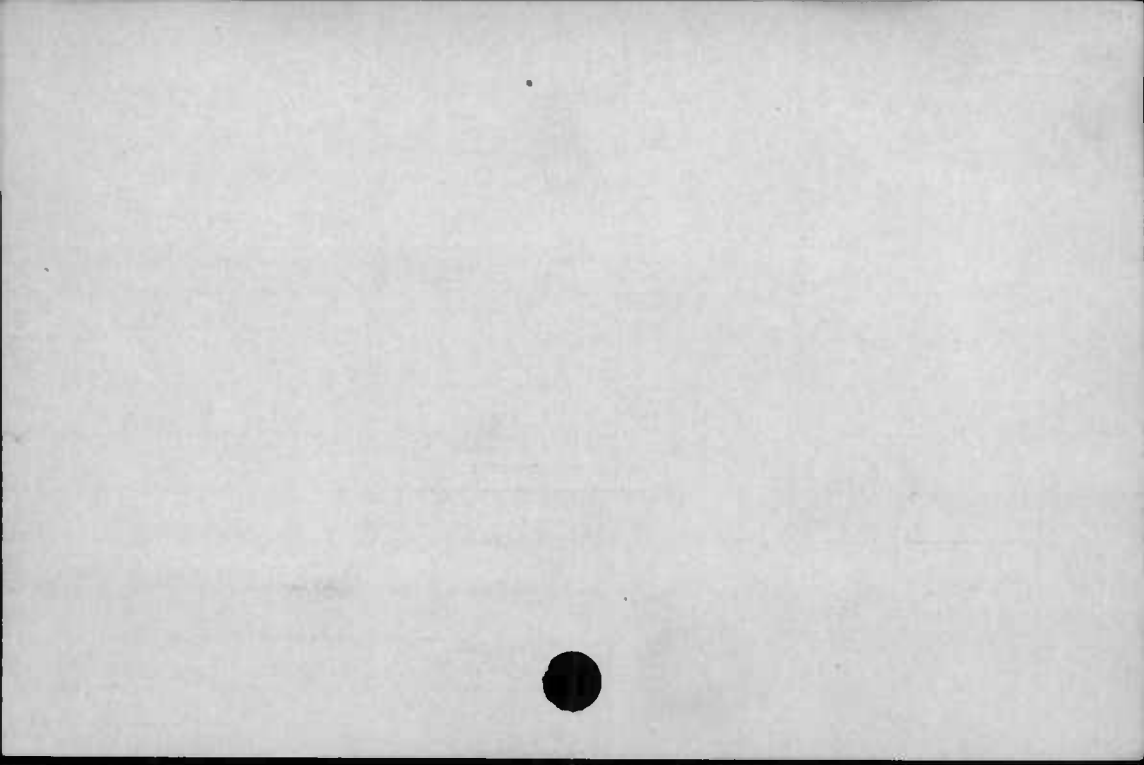
Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *W. C. Smith M.D.*

Address *Ellicott City*

md

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

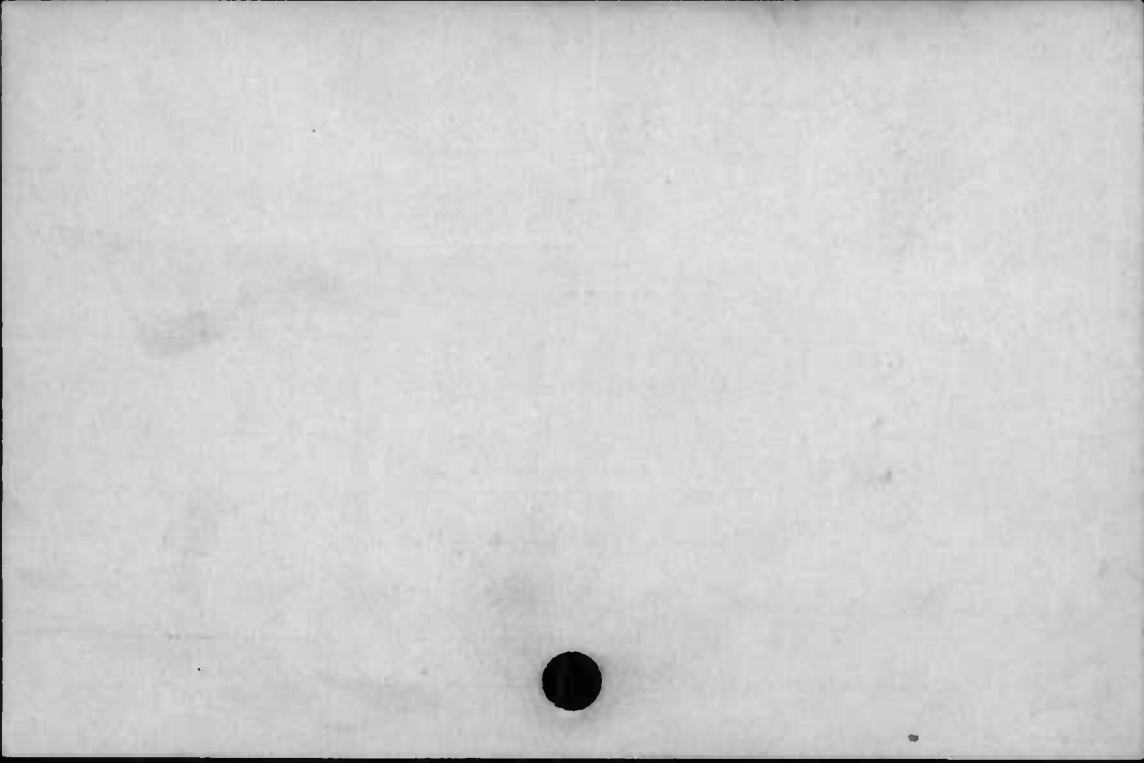
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND					
Date of death		Month <i>May</i>		Days <i>26</i>		Age <i>56</i>		Months —		Days —	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>							
Occupation <i>Retired</i>				Where Residing if not at place of death —							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Josephine Davis</i>									
Father's Name <i>Gustavus Ray</i>		Father's Birthplace <i>Maryland</i>									
Mother's Maiden Name <i>Elizabeth McKes</i>		Mother's Birthplace <i>Maryland</i>									
Name of person giving information <i>Josephine Ray</i>		How related to deceased <i>Wife</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Aneurism of Aorta</i>		How long	<i>6 months</i>
Immediate	<i>Transition</i>		How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>J. J. Byrne</i>	
			Address <i>Ellicott City, Md</i>	
Accident or Suicide? <i>—</i>				



Name
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Full

CERTIFICATE OF DEATH

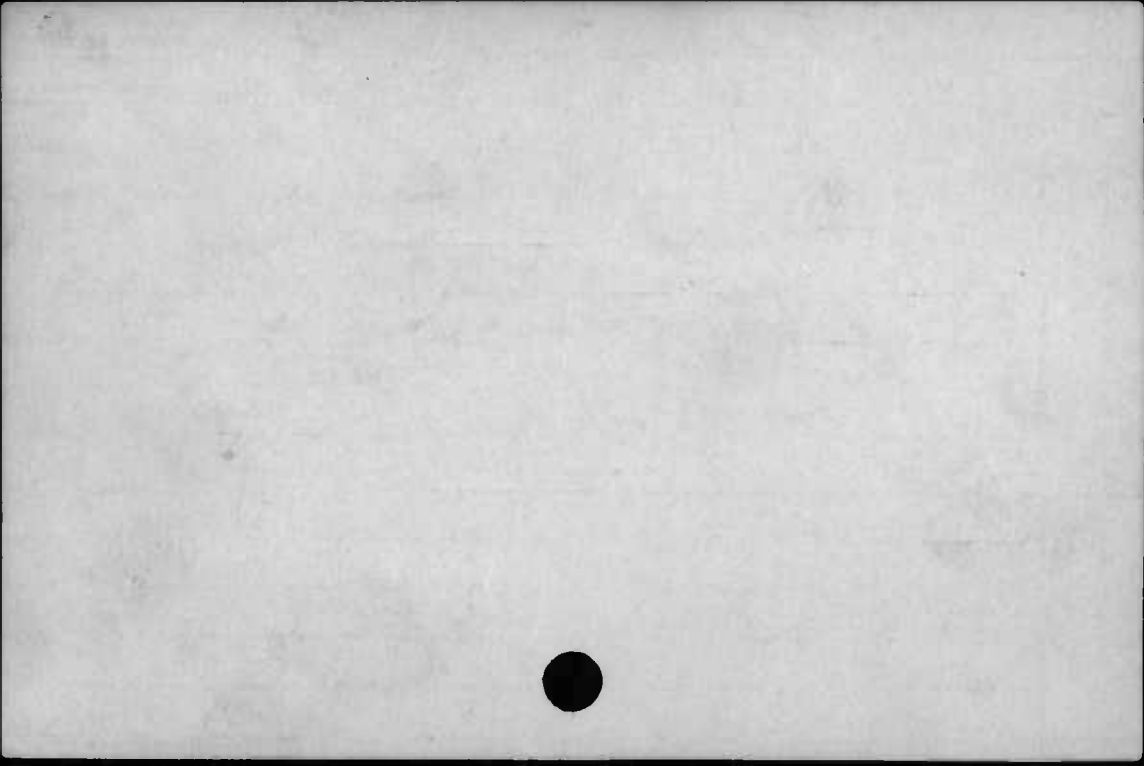
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harrisville		County Howard		MARYLAND		
Date of death		1906	Month May	Day 7	Age 24	Years	Months 0	Days 0
Sex Male		Color or Race White		Birth- place Harrisville				
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name Elmer D. Scrivener				Father's Birthplace Hordley, B. C.				
Mother's Maiden Name Mary E. Delesker				Mother's Birthplace North Branch, B. C.				
Name of person giving In formation Elmer D. Scrivener				How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cyanosis	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. P. Stoll
Yes		Address	Harrisville
Accident or Suicide?			



Name
in
Full

Galena Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grieford		County Howard		MARYLAND	
Date of death 1906		Month 5	Day 29	Age	Years 28	Months 8	Days 19
Sex Female		Color or Race Black		Birth-place Md			
Occupation Housewife		Where Residing If not at place of death Grieford					
Married, Single or Widowed Married		Name of Wife or Husband Frank Thomas					
Father's Name Tony Hardin		Father's Birthplace Va					
Mother's Maiden Name Lizzie		Mother's Birthplace Md					
Name of person giving information Savin Thomas		How related to deceased friend					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hyper trophy of Liver	How long	5 mo
Immediate	Peritonitis	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	T. W. Livingston M.D.
		Address	Savage Md
Accident or Suicide?	No		

